DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HIL LINDEN CORNER (0009792)

Address: 325 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 01/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093406 End Date: 09/20/2004 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008050 Served 10/07/2004

<u>Deficiencies Cited</u> Subject Area <u>Compliance</u> <u>Verified</u> <u>Corrected</u>

83.32(1)(b) WRITTEN REPORT OF ASSESSMENT 83.32(2)(a) INDIVIDUALIZED SERVICE PLAN-SCOPE

83.42(2)(a) EVALUATION RESIDENT EVACUATION LIMITS

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Enforcement History

Date: 10/05/2004 SOD #10008050 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT PROVIDE TRAINING FORFEITURE---83.32(1)(b)

FORFEITURE---83.32(2)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.